1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 279

TITLE: Drug Users Talk About HIV Testing: Problems and Promises

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BACKGROUND/OBJECTIVES: Injection drug use plays a critical role in the spread of HIV in the United States, as approximately one third of AIDS cases can be linked with IDUs and hing risk drug use. In California, high risk drug users, their sexual partners and sex workers have been targeted with special HIV counseling and testing (C&T) programs designed to increase their utilization of C&T services. In this presentation, we will ideatify and illuminate the issues, concerns, and experiences of drug users about HIV C&T.

METHODS: Project Access conducted qualitative interviews with 67 high risk individuals from 3 San Francisco Bay Area counties in 1997 from street and community settigs. Respondents were recruited from needle exchange sites, drug treatment programs, mobile health vans and other outreach venues. They elicited detailed HIV testing histories, HIV sex and drug risk histories, C&T motivations, frequency, and satisfaction, and use of referrals.

RESULTS: Respondents reported that their primary motivation to test was seleperceived risk for HIV. However the use of incentives in the new, targeted outreach for C&T services motivated many drug users to test. The use of incentive enabled some respondents to overcome obstacles to C&T. Other motivations included: 1) responsibility to others; 2) availability of early treatments; 3) testing as a prevention strategy (in lieu of behavior change); 4) recommended by others; 5) living in a high risk community; 6) part of the recovery process; and 7) convenience. Reasons cited for not testing included: 1) fear of a positive result; 2) lack of perceived risk even in the face of their own risk behavior; 3) lack of access; 4) assessment of their status through their partner's test results (either needlesharing or sexual partners); and finally 5) addiction as a barrier to self care. Many respondents could not distinguish between anonymous and confidential testing and were unable to discern the differences between the two. The waiting period between the test and the results visit can be an emotional and difficult time. As a result, some respondents reported not returning for their results because of this as well as the length of the whing period.

CONCLUSIONS: This data represents an opportunity to develop or finetune C&T programs that better meet the needs of drug users, e.g., through shorter waiting periods, more incentives, more open and honest risk assessment during prest counseling, and finally increased use of special outreach to C&T for drug users.

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